

## **IMPORTANT NOTICE**

On April 29, 2004, Governor Lingle signed into law (Act 39, SLH 2004) an increase in the elevator mechanic apprentice training requirements **from two to four years**.

The increase aligns the training requirements with the standards set forth by the Federal Bureau of Apprenticeship and Training and approved by the State Department of Labor and Industrial Relations. The new 4-year apprentice training requirements is **effective immediately**.

INSTRUCTIONS AND REQUIREMENTS - ELEVATOR MECHANIC

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

AGE REQUIREMENT	Applicants must be at least 18 years of age.
APPLICATION	<p>Complete the application form in black ink, type or print <b>legibly</b>, complete all sections and questions. Incomplete applications will not be accepted. Applicants are subject to requirements in effect at time of filing.</p> <ul style="list-style-type: none"><li>• <b>Failure to provide all the requested information will delay the processing of your application.</b></li></ul>
FEES	<p><b>Attach</b> the application fee of \$40, which is nonrefundable. Make checks payable to "COMMERCE &amp; CONSUMER AFFAIRS".</p> <p><b>NOTE:</b> <i>One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you <b>may not</b> do business under that license. Also, a \$15 service fee will be charged for checks which are returned by the bank.</i></p> <p><i>If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.</i></p>
EXPERIENCE VERIFICATION	<p><b>Attach</b> completed "Experience Verification" form(s) signed by a licensed elevator mechanic(s) evidencing satisfactory completion of <b>four (4)</b> years of training under their supervision. Additional forms, if required, may be duplicated.</p>
EXAMINATION	<p>Pass the Board's licensing examination which is developed and administered by Experior Assessments, LLC (fka NAI).</p> <ol style="list-style-type: none"><li>Upon approval of the application by the Board, the applicant will be sent a Candidate Information Brochure (provides general information about the exam) and an Experior Examination Registration form which must be completed and mailed <b>directly</b> to Experior with the appropriate fee and by Experior's registration filing deadline which is usually two weeks prior to the examination date.</li><li>Examinations are scheduled quarterly on Oahu, Maui, Kauai, and Hawaii (Hilo and Kona).</li><li>Applicants may be tested on a date other than the quarterly scheduled examination by requesting a "walk-in appointment" which is available for a fee and only on Oahu. All arrangements must be made directly with Experior.</li></ol>
EXAM FEES	<p>The exam fee of \$70, which is nonrefundable, shall be paid directly to Experior. The applicant shall submit a completed Examination Registration form along with a personal check or money order made payable to "Experior".</p>
EXAMINATION RESULTS	<p>Approximately two weeks after the examination, successful candidates receive a "Pass Report" along with a "License Fee Notice" to be paid to the Department of Commerce and Consumer Affairs. The unsuccessful candidates receive a "Fail Report" that includes re-examination information.</p> <p>Upon notification of passing the examination, license fees due will be as follows:</p> <p>If license is issued between July 1, even-numbered year, and June 30, odd-numbered year, pay .....\$170 (License fee \$50 + Compliance Resolution Fund \$70 + second year of biennial license period \$50)</p> <p>If license is issued between July 1, odd-numbered year and June 30, even-numbered year, pay .....\$ 85 (License fee \$50 + Compliance Resolution Fund \$35)</p>

## GENERAL INFORMATION

1. Should there be any changes in the information provided, the law, rules and requirements effective at the time your application is filed shall apply.
2. All licenses expire on **June 30 of each even-numbered year** and are subject to renewal by the license expiration date. Renewal applications are sent approximately 60 days prior to June 30 of each even-numbered year. Licensees are advised to keep the board informed of any change in their mailing address.
3. Mail all correspondence to:

Elevator Mechanics Licensing Board  
DCCA, PVL, Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

or

Deliver to office location at:  
335 Merchant St., Room 301  
Honolulu, HI 96813  
Phone (808) 586-3000

## LAWS AND RULES

Copies of the Board's laws, Chapter 448H, Hawaii Revised Statutes and rules, Chapter 81, Hawaii Administrative Rules are available by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also available on our website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl). Click on "Elevator Mechanic".

## ABANDONMENT OF APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the licensing process, including attempting to complete the examination requirement.

<b>APPLICATION FOR EXAM &amp; LICENSE - ELEVATOR MECHANIC</b>		APPROVED    DENIED    Initials/date	
Name (First-Middle)	(Last)	Date Licensed	License No. EVM -
Residence Address (Include apt. no., city, state & zip code)		FOR OFFICE USE ONLY	
Mailing Address (ONLY if different from residence)			
Social Security No.	Phone No. (days)		
Other Names Used (include maiden name):			

- Circle or underline answers. Explain if needed and provide pertinent documentation.
1. Are you at least 18 years of age?.....

YES

NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....

YES

NO
3. In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?.....

YES

NO

If response is "yes" provide information on the date, place, and type of conviction on a separate sheet.)
4. Have you ever held an elevator mechanics license in any state of the United States?.....

YES

NO

State licensed \_\_\_\_\_ Date licensed \_\_\_\_\_

(If not currently licensed in any state(s) listed above, indicate the reason on a separate sheet.)
5. Have any of your licenses to do elevator mechanic's work ever been revoked, suspended, or made probationary or conditional or otherwise subject to disciplinary action?.....

YES

NO

(If answer is "yes" specify state where action took place, penalty imposed and reasons for such action on a separate sheet.)
6. Are you presently being investigated or is any disciplinary action pending against you which is directly related to the practice of an elevator mechanic? .....

YES

NO

(If answer is "yes" specify state where action is pending and reasons on a separate sheet.)
7. Are you registered as an apprentice elevator mechanic in Hawaii?.....

YES

NO

(If yes, Permit No. \_\_\_\_\_)

EMPLOYMENT HISTORY: During the past 5 years, most recent or current first.	Describe your training as an elevator mechanic: ● Failure to provide the requested information will result in this form being returned to you for completion.					
	Name and Address of Employer	Position Title	Av. Hrs a Week	Dates (mo/yr)		Length of Service
				From	To	

Affidavit of applicant:

I hereby certify that the answers and statements in this application and the accompanying documents are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Sec. 710-1017, Hawaii Revised Statutes). I further certify that I have read, understand, and agree to comply with the laws and rules for elevator mechanics.

Date _____	Signature of Applicant _____
This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.	App..... 202..... \$40 Lic..... 205..... \$50 CRF..... 206..... \$35/\$70 ½ Ren..... 200..... \$50 Service Fee ..... BCF ..... \$15

# EXPERIENCE VERIFICATION - ELEVATOR MECHANIC

Access this form via website at: [www.hawaii.gov/dcca/pvl](http://www.hawaii.gov/dcca/pvl)

## Instructions:

1. This form is to be completed by your supervising elevator mechanic.
2. Use typewriter if available or print legibly in dark ink.
3. Attach the completed form to your application and mail to the board's office:

*Elevator Mechanics Licensing Board  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801*

or

Deliver to office location at:  
*335 Merchant St., Room 301  
Honolulu, HI 96813*

Name of Applicant (First-Middle)	(LAST)	Dates of Training (Month/Year)		Total Length of Training
		From:	To:	Yrs    mos.
DESCRIBE IN DETAIL the type of elevator mechanic work performed by the applicant in specific areas				Hours a Week in Specific Area
<ul style="list-style-type: none"><li>• Failure to provide the requested information will result in this form being returned to you for completion.</li></ul>				
Employer's Name		Employer's Address		

Certification of person completing this form:

I, \_\_\_\_\_, hereby certify that I have personally known the person named as the applicant above; that I have personally supervised and provided the training listed above for this applicant; and that all other statements and answers given here are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervising Elevator Mechanic

\_\_\_\_\_  
Title

EVM Lic # \_\_\_\_\_